



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
WAGE STANDARDS DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

**INSTRUCTION SHEET FOR WSD-1.387-388 COMPLAINT FORM**

Chapter 387, Wage and Hour Law  
Chapter 388, Payment of Wages and Other Compensation Law

**Instructions**

**Please completely fill out the WSD-1.387-388 Complaint Form.**

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

**Please remember to sign and date the form before submitting it.**

**If available, attach a copy of your most recent pay statement. If we do not receive the required forms, the processing of your complaint may be delayed. You may include copies of any documents, records, pay statements, checks, etc. to support your complaint.**

**Delivery Information**

**Delivery by U.S. Mail or In-Person**

Department of Labor and Industrial Relations, Wage Standards Division

Oahu	Hilo	West Hawaii
Princess Keelikolani Building, 830 Punchbowl Street, Rm. 340, Honolulu, HI 96813  Phone: (808) 586-8777	State Building, Rm. 108, Hilo, HI 96720  Phone: (808) 974-6464	Post Office Building, P.O. Box 49, Kealahou, HI 96750  Phone: (808) 322-4808
Kauai	Maui	
3060 Ewa Street, Rm. 202, Lihue, HI 96766  Phone: (808) 274-3351	2264 Aupuni Street, Wailuku, HI 96793  Phone: (808) 984-2075	



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COMPLAINT

*Please print or type:*

**Complainant Information**

1. Name (Last, First, Middle Initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		2. Social Security Number	
3. Address		City	State Zip Code
4. Phone ( )	Cell Phone ( )		
5. Type of Work Performed			
6. Employment Status <input type="checkbox"/> Current Employee of Employer Named Below <input type="checkbox"/> Quit <input type="checkbox"/> Discharged			
7. If No Longer Employed, Reason			
8. Date(s)/Period of Employment	From	To	
9. Union Membership <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Union:			

**Employer Information**

10. Business Name			
11. Address		City	State Zip Code
12. Phone ( )	Fax ( )		
13. Name and Title of Owner or Person in Charge			
14. Nature of Business			

FOR OFFICE USE ONLY		Law				
Date Received		ICB				
		CS				
Taken by		DOL#:	IS1	IS2		
	H K M WH		HB		No.	

# WSD-1.387-388 COMPLAINT FORM

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1. Alleged violation(s)		
<input type="checkbox"/> Minimum wage	<input type="checkbox"/> Overtime	<input type="checkbox"/> Unpaid wages
<input type="checkbox"/> Unpaid vacation, holiday, sick leave pay	<input type="checkbox"/> Illegal deduction	<input type="checkbox"/> Late payment of wages
<input type="checkbox"/> Pay statement		
2. a. Have you made a demand for back wages? <input type="checkbox"/> Yes <input type="checkbox"/> No		b. If yes, the name of the person you asked?
c. Date you asked for the wages:		d. Reason given for non-payment:
3. a. Rate of pay:		b. If tipped occupation, did employer use tip credit?
4. Pay period (for example, 15th and end of month):		5. Paydays (for example, 20th and 5th):
6. a. Normally scheduled hours and days of work:		b. Actual hours worked each work week:
7. a. What is the employer's approximate annual gross revenue?		b. If annual revenue not known, how many locations and workers does the employer have?
8. Give a brief statement of the wages owed: (e.g. If <b>overtime</b> , "Paid straight time for all hours" or "No pay for overtime hours worked"):		
9. Period of unpaid wages:		10. Rate(s) of pay during period of claim:
11. Total hours claimed:		12. Total wages claimed:
13. Less payments and recognized offsets against wages (other than taxes):		14. Balance claimed:

I swear or affirm that I have read this complaint, and that the information and statements are true to the best of my knowledge and belief. I authorize the Director of Labor and Industrial Relations or a departmental representative to collect and receive, on my behalf, payments made on my claim.

Date: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_  
☐ Check if under 18 years old

Visit our Website at [www.hawaii.gov/labor](http://www.hawaii.gov/labor) for ALL interactive and downloadable forms.

(Rev. 10/05)